

INTERFACILITY TRANSFER GUIDELINES

Patients with any of the following trauma related diagnoses should be transferred to a trauma center.

HEAD INJURIES	ABDOMINAL INJURIES
<ul style="list-style-type: none"> ◆ GCS less than 12 or a decrease of 2 or more points from the time of injury ◆ Open or depressed skull fracture ◆ Brain hemorrhage ◆ Meningeal hemorrhage ◆ Presentation of new neurological deficits ◆ Lateralized extremity weakness 	<p>Conditions requiring celiotomy:</p> <ul style="list-style-type: none"> ◆ Hemodynamically unstable patient with physical evidence of abdominal trauma ◆ Evidence of peritoneal hemorrhage via ultrasound, DPL, or CT ◆ Penetrating wound of abdomen with suspicion of penetration of the peritoneum ◆ Ruptured hollow viscous
THORACIC INJURIES	BURN INJURIES
<ul style="list-style-type: none"> ◆ Tension pneumothorax with respiratory failure ◆ Open pneumothorax with respiratory failure ◆ Hemothorax with respiratory failure ◆ Flail chest with respiratory failure ◆ Pulmonary contusion with respiratory failure ◆ Cardiac tamponade ◆ Aortic disruption ◆ Diaphragmatic rupture ◆ Tracheobronchial tree injuries ◆ Esophageal trauma <p><i>“With respiratory failure” means requiring ventilator support</i></p>	<ul style="list-style-type: none"> ◆ Second or third-degree thermal or chemical burns involving more than *10% of the total body surface area in patient under **15 years or over 55 years of age ◆ Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints ◆ Third-degree burns greater than 5% of the body surface area in any age group ◆ Electrical burns, including lightning injury ◆ Burns associated with other significant major injury or pre-existing disease ◆ Burn injury with inhalation injury <p><i>* Taken from the Adult Trauma Triage Criteria Methodology (Criteria for burns are $\geq 15\%$ for adults)</i> <i>**Taken from the Pediatric Trauma Triage Criteria Methodology</i> <i>Burn injuries are to be transferred to a burn center</i></p>
EXTREMITY INJURIES	SPINE & SPINAL CORD INJURIES
<ul style="list-style-type: none"> ◆ Amputation of extremity proximal to wrist or ankle ◆ Pelvic fractures with hemodynamic instability ◆ Two or more long bone fracture sites ◆ Major vascular injuries documented by arteriogram or loss of distal pulses <p><i>Long bone sites are defined as the (1) shaft of the humerus, (2) radius and ulna, (3) shaft of the femur, (4) tibia and fibula</i></p>	<ul style="list-style-type: none"> ◆ Fractures, unstable or potentially unstable ◆ Subluxations ◆ Neurogenic shock ◆ Open spinal wounds ◆ Paralysis or any loss of sensory or motor function
HEMODYNAMIC INSTABILITY	
<ul style="list-style-type: none"> ◆ For an adult, a blood pressure consistently less than 90 systolic after 2 liters of normal saline and/or 2 units of blood after 2 readings, 5 minutes apart ◆ For a child, a blood pressure consistently less than 90 systolic after 20cc per kilogram of resuscitation fluid after 2 readings, 5 minutes apart 	

Notes:

All transfers should be initiated with a physician-to-physician phone call to the SATC or SAPTRC
All transfers must be in accordance with both state and federal EMTALA laws